

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027696

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

141

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED AUG 15 1962

a. COUNTY

LAWRENCE CO.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Mt. Vernon

Length of stay in 1b

163 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Missouri State San

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Perry

d. STREET
ADDRESS

Route #1

(If outside, give location)

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

WALTER THOMAS ELLIOTT

4. DATE
OF DEATH

August 11 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-30-94

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Ralls County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Henry Elliott

13b. MOTHER'S MAIDEN NAME

Winifred Gertrude Tenney

14. NAME OF HUSBAND OR WIFE

Melda Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Records - Mo. State San.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Empyema of right chest.

INTERVAL BETWEEN
ONSET AND DEATH

2 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Bronchiectasis - rt. lung.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Atelectases - rt. & left lung.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY-Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 2 1962 to Aug. 11 1962 and last saw him alive on Aug. 11 1962

Death occurred at 5:45

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. Lewis Gates, M.D.

22b. ADDRESS

Mo. State San.

22c. DATE SIGNED

8-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

8-13-62

23c. NAME OF CEMETERY OR CREMATORY

Lick Creek Cemetery

23d. LOCATION (City, town, or county)

Perry

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilkey Funeral Home - Perry - Mo

25. DATE RECD. BY LOCAL REG.

8-13-62

26. REGISTRAR'S SIGNATURE

Roy Gunther/Rio

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

May L. Zanetti

Licensed Embalmer No.

4252

P. O. Address

McWern, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.